

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER SEARCHED		AFTER EXAMINED	
	110.	OCP.	110.	OCP.	110.	OCP.
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50						
TOTAL 110.	(0					
TOTAL OCP.	36					
TOTAL 110.	42					

SERIAL NO.	OCP.	110.	OCP.	110.	OCP.
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